

**HOW DO YOU CONTACT US TO USE YOUR
RIGHTS OR TO COMPLAIN?**

If you want to use any of the privacy rights explained in this Notice, or, if you believe that we have not protected your privacy and wish to complain, please call or write us at:

Privacy Officer
CA Department of Health Services
P.O. Box 997413
MS 0010
Sacramento, CA 95899-7413
(916) 445-4646 or (877) 735-2929 TTY/TDD

You may file a complaint by calling or writing the **Privacy Officer**, CA Department of Health Services, at the address and telephone number above. You may also contact the Secretary of the U.S. Department of Health and Human Services at Office for Civil Rights, 50 United Nations Plaza, Room 322, San Francisco, CA 94102, call (800) 368-1019. Or you may call the U.S. Office for Civil Rights at 866-OCR-PRIV (866) 627-7748 or 866-788-4989 TTY/TDD.

DHS/TMP cannot do anything to hurt you in any way if you decide to file a complaint or use any of the privacy rights in this Notice.

If you have any questions about this Notice, and want more information, please call or write the Privacy Officer, California Department of Health Services, at the address and phone number above.

**CHANGES TO NOTICE OF
PRIVACY PRACTICES**

DHS/TMP must obey the Notice in effect on April 14, 2003. We have the right to change our privacy practices. If we do make any changes, we will rewrite this Notice and give it to you right away.

To get a copy of this notice in other languages, Braille, large print, audiocassette or computer disk, please call or write the Privacy Officer at the number or address above.

**California
Department of Health Services**



**Therapeutic
Monitoring
Program**

**NOTICE of
PRIVACY
PRACTICES**

Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY.

◀◀◀ **IMPORTANT** ▶▶▶

**DHS/TMP DOES NOT HAVE
FULL COPIES OF YOUR
MEDICAL RECORDS. IF YOU
WANT TO LOOK AT, GET A
COPY OF OR CHANGE YOUR
MEDICAL RECORDS, PLEASE
CONTACT YOUR DOCTOR,
CLINIC OR HEALTH CARE
PLAN.**

The Department of Health Services (DHS), Therapeutic Monitoring Program (TMP), is paying for one or more of your laboratory tests. DHS/TMP must obey laws to protect the privacy of the information we have about you. We collect information that will not identify you in order to pay the laboratory for your tests. We must give you this Notice about your rights and how the law allows us to use and share your information.

HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

DHS/TMP uses and shares information about you. This information will not identify you. This information includes such things as your current HIV prescription drug care, personal information, such as income, sex, zip code, race and ethnicity.

We use this information and share it with others for the following reasons:

- ♦ **For payment:** DHS/TMP and others that work with us approve and pay for laboratory tests. When we do this, we get limited information from the laboratory that bills us for using the sample(s) sent by your medical provider.
- ♦ **For health care operations:** DHS/TMP may use information we receive to operate the program, audits, planning, and general program management.

SOME OTHER WAYS WE MAY SHARE YOUR INFORMATION

The law also allows DHS/TMP to use or give out information we have about you. The information will not identify you and may be used for the following purposes:

- ♦ For research studies that meet all privacy law rules, such as research about disease prevention
- ♦ To agencies that oversee the health care system, for audits or investigations
- ♦ To the federal government when it is checking on how we are meeting privacy laws
- ♦ To gather information which can no longer be traced back to you
- ♦ When required by law

Some state laws limit sharing the information listed above. For example, there are special laws that protect information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse care. We will obey these laws.

WHEN WRITTEN PERMISSION IS NEEDED

Before DHS/TMP will use your personal information for any reason not listed above, it will get written permission from you. If you do give us written permission to use or share your information for other reasons, you may take back your permission in writing at any time.

WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW?

- ♦ You have the right to ask us not to use or share your personal health care information in the ways described above. We may not be able to agree with your request.
- ♦ You have the right to ask us or your provider to contact you only in writing, or at a different address, post office box, or telephone number. We will accept reasonable requests when necessary to protect your safety.

Please note that these are your legal rights under the federal privacy law. DHS/TMP does not get your name or other information that can identify you. We cannot write or call you or give you any information about your TMP laboratory services. If you want copies of information about the laboratory work paid for by this program, please call or write your doctor or health care provider.

- ♦ You and your personal representative have the right to see and get a copy of information that DHS/TMP has about you. Since DHS/TMP does not have information by the name of the patient, you should contact your health care provider to get copies of medical information about your laboratory tests, laboratory test results, and other information about what TMP has paid for.
- ♦ If you believe that some information in your records is wrong, you have the right to ask the health provider to change the records. The provider may deny your request if the information is already correct and complete. If your request is denied, you may send in a letter disagreeing with the decision, which will be kept with your records.
- ♦ You have the right to get a written copy of this Notice of Privacy Practices when you request it.